

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

PROMOTING WHOLE BODY HEALTH

the specification of which

☒ is attached hereto.
☐ was filed on _____ as United States
 Application No. _____ or
 PCT International Application Number _____
 and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35 United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Serial No.	Filing Date	Application Serial No.	Filing Date
_____	_____	_____	_____

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

As named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Atty Name	Atty Reg Number	Associate Power of Attorney Attached
Emelyn L. Hiland	41,501	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Betty J. Zea	36,069	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Angela Marie Stone	41,335	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Brahm J. Corstanje	34,804	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Jacobus C. Rasser	37,043	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
T. David Reed	32,931	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Timothy B. Guffey	41,048	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SEND CORRESPONDENCE TO:

Emelyn L. Hiland, Health Care Research Center (Box 1050)
The Procter & Gamble Company

(513) 622-3236

Name	Phone No.		
P.O. Box 8006	Mason	Ohio	45040-8006
Street	City	State	Zip Code

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor, if any Matthew Joseph Doyle

Inventor's signature *Matthew Joseph Doyle* June 29, 2000
Date

Residence 451 Deanview Dr., Cincinnati, OH 45224

Citizenship USA

Post Office Address 451 Deanview Dr., Cincinnati, OH 45224

Full name of second joint inventor Stephen Joseph Hunter-Rinderle

Inventor's signature *Stephen Joseph Hunter-Rinderle* June 29, 2000
Date

Residence 6721 Man O' War Lane, Mason, OH 45040

Citizenship USA

Post Office Address 6721 Man O' War Lane, Mason, OH 45040

Full name of third joint inventor, if any Robert Ernest Singer, Jr.

Inventor's signature *Robert Ernest Singer, Jr.* June 30, 2000
Date

Residence 3 Kingsmont Court, Fairfield, OH 45014

Citizenship USA

Post Office Address 3 Kingsmont Court, Fairfield, OH 45014

Full name of fourth joint inventor, if any _____

Inventor's signature _____
Date

Residence _____

Citizenship _____

Post Office Address _____

Full name of fifth joint inventor, if any _____

Inventor's signature _____
Date

Residence _____

Citizenship _____

Post Office Address _____